

Please Response Under 37CFR1.116
Expedited Response
Examining Group 2883



In the United States Patent and Trademark Office

Serial Number: 09/784,773
Appn. Filed: 2001, February 15
Applicant(s): Udy, Joseph D.
Appn. Title: "LASER PULSE IMAGE SWITCHES"
Examiner/GAU: Healy, Brian M. / GAU 2883

Mailed: Nov. 12, 2004
At: Aurora, CO. USA

Amendment H

Drawings Review Branch

Commissioner for Patents
Washington, District of Columbia 20231

Sir:

In response to the Office Letter mailed October 07, 2004, please amend the above application as follows:

Two drawing sheets, with a total of six figures, are submitted under the Examiner's direction in the Final Office Action, of October 7, 2004. The Applicant respectfully requests "RESPONSE UNDER 37 CFR 1.116—EXPEDITED PROCEDURE—EXAMINING GROUP NUMBER 2883.

Cover sheet of 2

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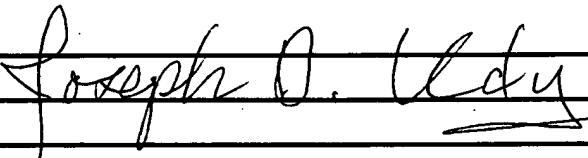
Total Number of Pages in This Submission

83

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Filing Date	2001, February 15
First Named Inventor	Udy, Joseph D.
Art Unit	GAU 2883
Examiner Name	Healy, Brian M.
Attorney Docket Number	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

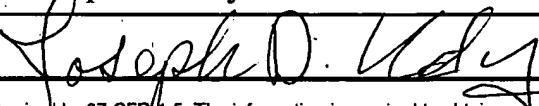
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Joseph D. Udy
Signature	
Date	Nov. 12, 2004

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Express Mail # ED 034229035 US

Typed or printed name	Joseph D. Udy
Signature	
Date	Nov. 12, 2004

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